

**CRITERIA FOR PRIOR AUTHORIZATION**

Provenge® (sipuleucel-T)

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Sipuleucel-T (Provenge)

**CRITERIA FOR PROVENGE** Must meet all of the following:

- Patient must have a diagnosis of asymptomatic or minimally symptomatic metastatic castration-resistant (hormone refractory) prostate cancer.
- Treatment must not exceed 3 complete doses
- Must be prescribed by or in consultation with an oncologist

**LENGTH OF APPROVAL** 3 months